

Our Lady of Mercy Middle School Youth  
Ministry

# **BOWLING EXTRAVAGANZA**

**Sun. Mar 24<sup>th</sup>  
1-3 PM.**

Parkside Lanes,  
Aurora

**\$15**

Includes 3 games,  
shoes pop & Pizza



(Make checks payable to Our Lady of Mercy)

**Deadline to return permission form and fee  
is:**

**Mon. March 18<sup>th</sup>**



BOWLING EVENT ON MARCH 24TH

GENERAL PERMISSION FORM

I request that my child, \_\_\_\_\_, be allowed to participate in the Bowling event on Sunday, March 24, 2019, located at Parkside Lanes in Aurora on the from 1-3pm. Transportation is by Parents. I hereby release and indemnify my parish Our Lady of Mercy, its staff, volunteers, and the Diocese of Joliet from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this event.

Videotaping and Still Photographs

Video and still photographs may be taken during this event. This authorization form constitutes permission for my child's participation in the videotape and/or still photographs, which may be used for future promotional efforts, including the Diocese of Joliet website.

Code of Behavior

You are representing Youth Ministry in our diocese during this event and we expect you will represent us well. We expect that you will display mature and responsible behavior, which for many years has been the trademark of Catholic youth and adults of our diocese.

Some Expectations:

- 1. All participants are expected to arrive on time.
2. All participants are expected to demonstrate common courtesy and respect at all times. Inappropriate language/behavior will not be tolerated.
3. Socializing should always be done in public areas.
4. Dress should reflect the value of modesty. Writing on clothing should reflect Christian values.
5. The possession or consumption of any alcoholic beverage and/or possession/use of any illegal drug is not permitted.
6. Smoking is not permitted.
7. Weapons and/or drug paraphernalia are not allowed.
8. If under the age of 18, prescription drugs need to be given to an adult from your parish for storage and distribution.
9. Infraction of these rules can mean immediate dismissal with no refund. Participants will be responsible to local authorities.

I understand and agree to this Code of Behavior. I also understand and agree that at the time of an infraction requiring my dismissal, I am responsible for my removal from the premises and any costs involved. If under the age of 18, I also understand and agree that my parents or guardian will be notified at the time of an infraction requiring my dismissal. My parents or guardian will be responsible for my removal from the premises and any costs involved.

The parties agree that this document may be electronically signed and that the electronic signature appearing on this document are the same as handwritten signatures for the purpose of validity, enforceability and admissibility.

Teen Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

Electronic transmission is not encrypted, so if your concerned about the security of your sensitive information, the form should be printed and surface mailed or otherwise hand-delivered.

MEDICAL PERMISSION FORM

I grant permission for the administration of First Aid to my child, \_\_\_\_\_, by the people in charge of the Bowling event, and those transporting my child to and from the event as their judgment deems advisable, and to make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery except when delay in such communication would endanger life. In the case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery if deemed necessary for my child.

Participant's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Parent's Phone #(s): \_\_\_\_\_

Allergic to medication/other? NO YES, If YES, please describe: \_\_\_\_\_

Medication(s) presently taking: \_\_\_\_\_

INSURANCE INFORMATION

Policy in the name of: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Authorized Physician: \_\_\_\_\_

Phone #: \_\_\_\_\_

If parent(s) can't be reached

In case of Emergency, contact \_\_\_\_\_
Phone #'s: \_\_\_\_\_